

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.



one Barrows
 terling Correctional Facility
 Wallace Drive
 AL 36017

COMPLETE THIS SECTION ON DELIVERY

A. Signature ☒ Agent ☐ Addressee

B. Received by (Printed Name) C. Date of Delivery 11/06/06

D. Is delivery address different from item 1? ☐ Yes ☐ No
 If YES, enter delivery address below:

Service Type
☒ Certified Mail ☐ Express Mail
☐ Registered ☐ Return Receipt for Merchandise
☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery? (Extra Fee) ☐ Yes

2. Article Number

(Transfer from)

7005 1820 0002 3461 4254

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

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trice Green
 asterling Correctional Facility
 10 Wallace Drive
 io, AL 36017

COMPLETE THIS SECTION ON DELIVERY

A. Signature ☒ Agent ☐ Addressee

B. Received by (Printed Name) C. Date of Delivery 11/06/06

D. Is delivery address different from item 1? ☐ Yes ☐ No
 If YES, enter delivery address below:

3. Service Type
☒ Certified Mail ☐ Express Mail
☐ Registered ☐ Return Receipt for Merchandise
☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery? (Extra Fee) ☐ Yes

2. Article Number

(Transfer from)

7005 1820 0002 3461 4261

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102595-02-M-1540

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Carter F. Davenport, Asst Warden
 Easterling Correctional Facility
 200 Wallace Drive
 Clio, AL 36017

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☒ Certified Mail ☐ Express Mail
☐ Registered ☐ Return Receipt for Merchandise
☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery? (Extra Fee) ☐ Yes

2. Article Number

(Transfer from)

7005 1820 0002 3461 4278

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